

**Fill in this information to identify your case:**

Debtor 1	<b>Aaron Justin Orth</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number	<b>16-01695</b>		
(if known)			

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>185,000.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>13,597.00</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>198,597.00</b>

#### Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>177,838.19</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>0.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>8,498.08</b>
<b>Your total liabilities</b>		\$ <b>186,336.27</b>

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>4,659.22</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>2,783.83</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 Aaron Justin OrthCase number (if known) 16-01695

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 6,664.74

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
<b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <u>0.00</u>

**Fill in this information to identify your case and this filing:**

Debtor 1	<b>Aaron Justin Orth</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number	16-01695		

☐ Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

**309 EAGLE RIDGE ROAD**

Street address, if available, or other description

**Summerville SC 29485-0000**

City State ZIP Code

**Dorchester**

County

**What is the property?** Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**DEBTORS RESIDENCE-309 EAGLE RIDGE ROAD, SUMMERVILLE SC 29485, DORCHESTER COUNTY, (3) BEDROOM HOUSE, TMS# (154-05-04-075.000), TAX APPRAISAL VALUE (\$159,581), SEE ATTACHED TAX APPRAISAL**

**DEBTOR ESTIMATES VALUE AT (\$185,000)**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<b>\$185,000.00</b>	<b>\$185,000.00</b>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee simple**

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$185,000.00**

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Aaron Justin Orth**Case number (if known) **16-01695****3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**☐ No☒ Yes

3.1 Make: **PONTIAC**  
 Model: **FIREBIRD TRANS AM**  
 Year: **1996**  
 Approximate mileage: **110,000**  
 Other information:

**1996 PONTIAC FIREBIRD  
 TRANS AM: VIN#  
 (2G2FV22P7T2202634), (2)  
 DOOR, (8) CYLINDER, (100,000)  
 MILES, DEBTOR ESTIMATES  
 VALUE AT (\$2,000)**

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
 (see instructions)

Do not deduct secured claims or exemptions. Put  
 the amount of any secured claims on *Schedule D:  
 Creditors Who Have Claims Secured by Property.*

Current value of the  
entire property?Current value of the  
portion you own?**\$2,000.00****\$2,000.00**

3.2 Make: **CHEVROLET**  
 Model: **S-10 TRUCK**  
 Year: **2000**  
 Approximate mileage: **185,000**  
 Other information:

**2000 CHEVROLET S-10 TRUCK:  
 VIN# (1GCCS19W3Y8162321),  
 (2) DOOR, (6) CYLINDER,  
 (185,000) MILES, KBB VALUE  
 (\$2,195)**

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
 (see instructions)

Do not deduct secured claims or exemptions. Put  
 the amount of any secured claims on *Schedule D:  
 Creditors Who Have Claims Secured by Property.*

Current value of the  
entire property?Current value of the  
portion you own?**\$2,195.00****\$2,195.00****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

☒ No☐ Yes

**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for  
 pages you have attached for Part 2. Write that number here.....=>**

**\$4,195.00****Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the  
 portion you own?**  
 Do not deduct secured  
 claims or exemptions.

**6. Household goods and furnishings**

*Examples: Major appliances, furniture, linens, china, kitchenware*

☐ No☒ Yes. Describe.....

**HOUSEHOLD GOODS: COUCH, TABLES, CHAIRS, BEDS,  
 DRESSERS, MICROWAVE, REFRIGERATOR, STOVE, WASHER,  
 DRYER, MOWER, WEEDEATER**

**\$2,000.00****7. Electronics**

*Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices  
 including cell phones, cameras, media players, games*

☐ No☒ Yes. Describe.....

Debtor 1 **Aaron Justin Orth**Case number (if known) **16-01695****HOUSEHOLD GOODS: TVS, DVD PLAYER, COMPUTER****\$400.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☐ No☒ Yes. Describe.....**BOOKS****\$50.00****9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.....**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☐ No☒ Yes. Describe.....**FIREARMS: MOSSBERG 500 12GA SHOTGUN****\$360.00****11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....**CLOTHING****\$400.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.....**JEWELRY****\$200.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe.....**ANIMALS: MIXED BREED DOG****\$25.00****14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....****\$3,435.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

Debtor 1 Aaron Justin OrthCase number (if known) 16-01695**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes.....**CASH ON  
HAND****\$40.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes.....

Institution name:

17.1.

**HERITAGE TRUST: CHECKING ACCOUNT#  
(5511)****\$2,500.00**

17.2.

**HERITAGE TRUST: SAVINGS ACCOUNT#  
(5501)****\$25.00****18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

**RETIREMENT: DEBTOR RECEIVES  
RETIREMENT BENEFITS IN THE AMOUNT OF  
(\$2,202)/MONTH****\$2,202.00****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

Debtor 1 **Aaron Justin Orth**Case number (if known) **16-01695**☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☐ No☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**USAA: TERM LIFE INSURANCE  
POLICY, FACE VALUE OF POLICY  
(\$500,000), CASH SURRENDER VALUE  
OF POLICY (\$0.00)**

**\$0.00****32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No

Debtor 1 **Aaron Justin Orth**Case number (if known) **16-01695**☐ Yes. Describe each claim.....**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$4,767.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☐ No☒ Yes. Give specific information.....**VA BENEFITS: DEBTOR RECEIVES VA BENEFITS IN THE AMOUNT OF (\$1,200)/MONTH****\$1,200.00****54. Add the dollar value of all of your entries from Part 7. Write that number here .....****\$1,200.00****Part 8: List the Totals of Each Part of this Form**

<b>55. Part 1: Total real estate, line 2 .....</b>		<b>\$185,000.00</b>
<b>56. Part 2: Total vehicles, line 5</b>	<b>\$4,195.00</b>	
<b>57. Part 3: Total personal and household items, line 15</b>	<b>\$3,435.00</b>	
<b>58. Part 4: Total financial assets, line 36</b>	<b>\$4,767.00</b>	
<b>59. Part 5: Total business-related property, line 45</b>	<b>\$0.00</b>	
<b>60. Part 6: Total farm- and fishing-related property, line 52</b>	<b>\$0.00</b>	
<b>61. Part 7: Total other property not listed, line 54</b>	<b>+ \$1,200.00</b>	
<b>62. Total personal property. Add lines 56 through 61...</b>	<b>\$13,597.00</b>	<b>Copy personal property total \$13,597.00</b>
<b>63. Total of all property on Schedule A/B. Add line 55 + line 62</b>		<b>\$198,597.00</b>



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**ORTH AARON J**  
**309 EAGLE RIDGE RD**  
**SUMMERVILLE, SC 29485-8498**

**Base Amount:** \$1,430.37  
**Penalties:** \$0.00  
**Fees:** \$0.00  
**Tax Amount:** \$1,430.37

Penalty Date	Penalty Rate
February 17	10%
March 17	15%

**Record Type:** Real Property  
**Notice No.:** R-2015-00041496-00  
**Tax Year:** 2015

**Payment Status:** Paid  
**Paid Date:** 12/18/2015  
**Paid Amount:** \$1,430.37  
**Balance Due:** \$0.00

**Map No.:** 154-05-04-075-000C  
**District:** 207  
**Assessed Value:** 6,380  
**Appraised Value:** 159,581  
**Description:** EAGLE RIDGE RD  
 309



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**Fill in this information to identify your case:**

Debtor 1	<b>Aaron Justin Orth</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	<b>16-01695</b>		

☐ Check if this is an amended filing
**Official Form 106C****Schedule C: The Property You Claim as Exempt****4/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
DEBTORS RESIDENCE-309 EAGLE RIDGE ROAD, SUMMERVILLE SC 29485, DORCHESTER COUNTY, (3) BEDROOM HOUSE, TMS# (154-05-04-075.000), TAX APPRAISAL VALUE (\$159,581), SEE ATTACHED TAX APPRAISAL	\$185,000.00	<input checked="" type="checkbox"/> \$52,400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(1)
DEBTOR ESTIMATES VALUE AT (\$185,000)			
DEBTO Line from <i>Schedule A/B</i> : 1.1			
1996 PONTIAC FIREBIRD TRANS AM: VIN# (2G2FV22P7T2202634), (2) DOOR, (8) CYLINDER, (100,000) MILES, DEBTOR ESTIMATES VALUE AT (\$2,000)	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$2,000.00 of unused Homestead Exemption
Line from <i>Schedule A/B</i> : 3.1			
2000 CHEVROLET S-10 TRUCK: VIN# (1GCCS19W3Y8162321), (2) DOOR, (6) CYLINDER, (185,000) MILES, KBB VALUE (\$2,195)	\$2,195.00	<input checked="" type="checkbox"/> \$5,825.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2) in the amount of \$2,150.00 of unused Homestead Exemption
Line from <i>Schedule A/B</i> : 3.2			

Debtor 1 **Aaron Justin Orth**

Case number (if known)

**16-01695**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>HOUSEHOLD GOODS: COUCH, TABLES, CHAIRS, BEDS, DRESSERS, MICROWAVE, REFRIGERATOR, STOVE, WASHER, DRYER, MOWER, WEDEATER</b> Line from Schedule A/B: <b>6.1</b>	<b>\$2,000.00</b>	<input checked="" type="checkbox"/> <b>\$2,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
<b>HOUSEHOLD GOODS: TVS, DVD PLAYER, COMPUTER</b> Line from Schedule A/B: <b>7.1</b>	<b>\$400.00</b>	<input checked="" type="checkbox"/> <b>\$400.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
<b>BOOKS</b> Line from Schedule A/B: <b>8.1</b>	<b>\$50.00</b>	<input checked="" type="checkbox"/> <b>\$50.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
<b>FIREARMS: MOSSBERG 500 12GA SHOTGUN</b> Line from Schedule A/B: <b>10.1</b>	<b>\$360.00</b>	<input checked="" type="checkbox"/> <b>\$360.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$360.00 of unused Homestead Exemption</b>
<b>CLOTHING</b> Line from Schedule A/B: <b>11.1</b>	<b>\$400.00</b>	<input checked="" type="checkbox"/> <b>\$400.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
<b>JEWELRY</b> Line from Schedule A/B: <b>12.1</b>	<b>\$200.00</b>	<input checked="" type="checkbox"/> <b>\$200.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(4)</b>
<b>ANIMALS: MIXED BREED DOG</b> Line from Schedule A/B: <b>13.1</b>	<b>\$25.00</b>	<input checked="" type="checkbox"/> <b>\$25.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
<b>CASH ON HAND</b> Line from Schedule A/B: <b>16.1</b>	<b>\$40.00</b>	<input checked="" type="checkbox"/> <b>\$40.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$40.00 of unused Homestead Exemption</b>
<b>HERITAGE TRUST: CHECKING ACCOUNT# (5511)</b> Line from Schedule A/B: <b>17.1</b>	<b>\$2,500.00</b>	<input checked="" type="checkbox"/> <b>\$2,500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$2,500.00 of unused Homestead Exemption</b>
<b>HERITAGE TRUST: SAVINGS ACCOUNT# (5501)</b> Line from Schedule A/B: <b>17.2</b>	<b>\$25.00</b>	<input checked="" type="checkbox"/> <b>\$25.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$25.00 of unused Homestead Exemption</b>
<b>RETIREMENT: DEBTOR RECEIVES RETIREMENT BENEFITS IN THE AMOUNT OF (\$2,202)/MONTH</b> Line from Schedule A/B: <b>21.1</b>	<b>\$2,202.00</b>	<input checked="" type="checkbox"/> <b>\$2,202.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(11)(e)</b>

Debtor 1 **Aaron Justin Orth**Case number (if known) **16-01695**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
<b>USAA: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$500,000), CASH SURRENDER VALUE OF POLICY (\$0.00)</b> Line from Schedule A/B: <b>31.1</b>	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(8)</b>
<b>VA BENEFITS: DEBTOR RECEIVES VA BENEFITS IN THE AMOUNT OF (\$1,200)/MONTH</b> Line from Schedule A/B: <b>53.1</b>	<b>\$1,200.00</b>	<input checked="" type="checkbox"/> <b>\$1,200.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(11)(b)</b>

3. **Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?☐ No☐ Yes

**Fill in this information to identify your case:**

Debtor 1	<b>Aaron Justin Orth</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	<b>16-01695</b>		

☐ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.1	<b>COMMUNITY MANAGEMENT GROUP</b> <small>Creditor's Name</small>  <b>349 FOLLY ROAD, STE 2B</b> <b>Charleston, SC 29412</b> <small>Number, Street, City, State &amp; Zip Code</small>	Describe the property that secures the claim: <b>DEBTORS RESIDENCE-309 EAGLE RIDGE ROAD, SUMMERVILLE SC 29485: ARREARAGE TO BE PAID IN PLAN (\$600), TO BE RESUMED MAY 2016</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Homeowner's association fees</b>	<b>\$600.00</b>	<b>\$185,000.00</b>	<b>\$0.00</b>
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		<b>Date debt was incurred</b> <u>1/14</u> <b>Last 4 digits of account number</b> <u>4432</u>			

2.2	<b>WELLS FARGO</b> <small>Creditor's Name</small>  <b>1000 BLUE GENETIAN ROAD, STE 300</b> <b>Saint Paul, MN 55121</b> <small>Number, Street, City, State &amp; Zip Code</small>	Describe the property that secures the claim: <b>DEBTORS RESIDENCE-309 EAGLE RIDGE ROAD, SUMMERVILLE SC 29485: ARREARS TO BE ADDRESSED BY LOAN MODIFICATION, DEBTOR TO RESUME PAYMENTS JULY 2016</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)	<b>\$177,238.19</b>	<b>\$185,000.00</b>	<b>\$0.00</b>
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only					

Debtor 1 **Aaron Justin Orth** Case number (if know) **16-01695**  
First Name Middle Name Last Name

- ☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit  
☐ Check if this claim relates to a community debt ☒ Other (including a right to offset) **Mortgage**

Date debt was incurred **4/09** Last 4 digits of account number **0632**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$177,838.19**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

**\$177,838.19**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ Name, Number, Street, City, State & Zip Code  
**DORCHESTER COUNTY CLERK OF COURT**  
**201 JOHNSTON STREET**  
**Saint George, SC 29477**  
On which line in Part 1 did you enter the creditor? **2.2**  
Last 4 digits of account number \_\_\_\_

☐ Name, Number, Street, City, State & Zip Code  
**ROGERS TOWNSEND & THOMAS**  
**PO BOX 100200**  
**Columbia, SC 29202**  
On which line in Part 1 did you enter the creditor? **2.2**  
Last 4 digits of account number \_\_\_\_

☐ Name, Number, Street, City, State & Zip Code  
**WELLS FARGO**  
**1 HOME CAMPUS**  
**Des Moines, IA 50328**  
On which line in Part 1 did you enter the creditor? **2.2**  
Last 4 digits of account number \_\_\_\_

☐ Name, Number, Street, City, State & Zip Code  
**WELLS FARGO**  
**PO BOX 10335**  
**Des Moines, IA 50328**  
On which line in Part 1 did you enter the creditor? **2.2**  
Last 4 digits of account number \_\_\_\_

**Fill in this information to identify your case:**

Debtor 1	<b>Aaron Justin Orth</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	16-01695		

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	<b>BASS &amp; ASSOCIATES</b> Nonpriority Creditor's Name <b>3936 E FORT LOWELL ROAD, STE 200</b> <b>Tucson, AZ 85712</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>4432</b> When was the debt incurred? <b>1/14</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collections-CALVARY PORTFOLIO</b>	<table border="1" style="width: 100%;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td><b>\$1,088.07</b></td> </tr> </table>	Total claim	<b>\$1,088.07</b>
Total claim					
<b>\$1,088.07</b>					

Debtor 1 **Aaron Justin Orth**

Case number (if know)

**16-01695**

4.2

**DORCHESTER COUNTY  
TREASURER**

Nonpriority Creditor's Name

**202 JOHNSON STREET  
Saint George, SC 29477**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **4432****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Notice Only**

4.3

**FIRST CREDIT SERVICES**

Nonpriority Creditor's Name

**1 WOODBRIDGE CENTER  
SUITE 410  
Woodbridge, NJ 07095**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **5207****\$119.96**When was the debt incurred? **1/10**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit card purchases**

4.4

**HERITAGE TRUST FEDERAL  
CREDIT UNION**

Nonpriority Creditor's Name

**PO BOX 118000  
Summerville, SC 29483**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **5650****\$3,011.54**When was the debt incurred? **1/10**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Line of Credit**



Debtor 1 **Aaron Justin Orth**

Case number (if know)

**16-01695**

4.5

**IRS**

Nonpriority Creditor's Name

**PO BOX 7346****Philadelphia, PA 19101**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4432****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Notice Only**

4.6

**SC DEPT OF REVENUE**

Nonpriority Creditor's Name

**PO BOX 12265****Columbia, SC 29211**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4432****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Notice Only**

4.7

**USAA**

Nonpriority Creditor's Name

**9800 FREDRICKSBURG ROAD****San Antonio, TX 78288**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0492****\$4,278.51**When was the debt incurred? **4/06**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Line of Credit****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**ATTORNEY GENERAL OF UNITED STATES**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Aaron Justin Orth**

Case number (if know)

**16-01695****950 PENNSYLVANIA AVENUE, NW  
Washington, DC 20530**

Last 4 digits of account number

Name and Address

**FIRST CREDIT SERVICES  
371 HOES LANE, STE 300-B  
Piscataway, NJ 08854**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**HERITAGE TRUST FEDERAL  
CREDIT UNION  
1905 TROLLEY ROAD  
Summerville, SC 29485**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**IRS  
1835 ASSEMBLY STREET  
MDP 39  
Columbia, SC 29201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**US ATTORNEY GENERAL  
ATTN DOUG BARNETT  
1441 MAIN ST  
SUITE 500  
Columbia, SC 29201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**WEINSTEIN PINSON AND RILEY  
2001 WESTERN AVENUE, STE 400  
Seattle, WA 98121**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim****6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <u>0.00</u>
Total claims from Part 2	6f. Student loans	6f.	\$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u>8,498.08</u>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <u>8,498.08</u>

**Fill in this information to identify your case:**

Debtor 1	<b>Aaron Justin Orth</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number	<b>16-01695</b>		
(if known)			

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Name  Number Street  City State ZIP Code	
2.2	Name  Number Street  City State ZIP Code	
2.3	Name  Number Street  City State ZIP Code	
2.4	Name  Number Street  City State ZIP Code	
2.5	Name  Number Street  City State ZIP Code	

**Fill in this information to identify your case:**

Debtor 1	<b>Aaron Justin Orth</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number	<b>16-01695</b>		
(if known)			

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

**3.1**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

**3.2**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Aaron Justin Orth

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 16-01695  
(If known)

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed  
☐ Not employed

RESPIRATORY THERAPIST

MEDICAL UNIVERSITY  
HOSPITAL AUTHORITY

163 RUTLEDGE AVENUE  
Charleston, SC 29425

Debtor 2 or non-filing spouse

- ☐ Employed  
☐ Not employed

How long employed there? 9 MONTHS

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$ <u>3,620.74</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3.	+\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4.	\$ <u>3,620.74</u>	\$ <u>N/A</u>

Debtor 1 **Aaron Justin Orth**

Case number (if known) **16-01695**

		For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here</b> .....	4.	\$ <b>3,620.74</b>	\$ <b>N/A</b>
<b>5. List all payroll deductions:</b>			
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a.	\$ <b>909.12</b>	\$ <b>N/A</b>
5b. <b>Mandatory contributions for retirement plans</b>	5b.	\$ <b>0.00</b>	\$ <b>N/A</b>
5c. <b>Voluntary contributions for retirement plans</b>	5c.	\$ <b>0.00</b>	\$ <b>N/A</b>
5d. <b>Required repayments of retirement fund loans</b>	5d.	\$ <b>0.00</b>	\$ <b>N/A</b>
5e. <b>Insurance</b>	5e.	\$ <b>0.00</b>	\$ <b>N/A</b>
5f. <b>Domestic support obligations</b>	5f.	\$ <b>0.00</b>	\$ <b>N/A</b>
5g. <b>Union dues</b>	5g.	\$ <b>0.00</b>	\$ <b>N/A</b>
5h. <b>Other deductions.</b> Specify: .....	5h.+	\$ <b>0.00</b>	\$ <b>N/A</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ <b>909.12</b>	\$ <b>N/A</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7.	\$ <b>2,711.62</b>	\$ <b>N/A</b>
<b>8. List all other income regularly received:</b>			
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ <b>0.00</b>	\$ <b>N/A</b>
8b. <b>Interest and dividends</b>	8b.	\$ <b>0.00</b>	\$ <b>N/A</b>
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ <b>0.00</b>	\$ <b>N/A</b>
8d. <b>Unemployment compensation</b>	8d.	\$ <b>0.00</b>	\$ <b>N/A</b>
8e. <b>Social Security</b>	8e.	\$ <b>0.00</b>	\$ <b>N/A</b>
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <b>VETERANS BENEFITS</b>	8f.	\$ <b>1,200.00</b>	\$ <b>N/A</b>
8g. <b>Pension or retirement income</b>	8g.	\$ <b>747.60</b>	\$ <b>N/A</b>
8h. <b>Other monthly income.</b> Specify: .....	8h.+	\$ <b>0.00</b>	\$ <b>N/A</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ <b>1,947.60</b>	\$ <b>N/A</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ <b>4,659.22</b>	\$ <b>N/A</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: .....	11.	+\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12.	\$ <b>4,659.22</b>	
		<b>Combined monthly income</b>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: <b>DEBTOR DOES NOT ANTICIPATE ANY CHANGES TO INCOME WITHIN THE NEXT YEAR.</b>			

## Medical University Hospital Authority

**ORTH, AARON JUSTIN**    **Deposit#: 53563532**  
**309 EAGLE RIDGE**    **Pay Date: 12/23/2015**  
**DRIVE**  
**SUMMERVILLE, SC**    **Disbursal Seq: RET**  
**29485**    **9736**  
**Emp Id: 900705355**    **Period End: 12/12/2015**  
                                  **Period Begin:**  
                                  **11/29/2015**  
                                  **Federal W4: S/1**  
                                  **State W4: S/1**

### LEAVE BALANCE HOURS AS OF 12/23/2015

Description	Accrued	Available
PTO:	6.37	29.34
ESL:	2.21	15.47
SML:		0.00

### EARNINGS

Description	Hours	Current	YTD
Regular Earning	67.00	\$1,393.96	\$13,685.82
Day Weekend	11.75	\$27.03	\$485.92
Education			\$88.88
Eve Weekend			\$33.25
Evening			\$47.73
Holiday Shft Df			\$60.00
Night			\$110.00
Orientation			\$6,810.46
Overtime			\$274.97
Overtime NP Ori			\$108.32
Paid Time Off	5.00	\$104.02	\$315.83
Premium OT			\$2.36

### TAXES & DEDUCTIONS

Description	Current	YTD
Federal	\$174.66	\$2,580.44
FICA/OASDI	\$94.55	\$1,365.46
FICA/MEDICARE	\$22.11	\$319.34
State	\$82.02	\$1,188.00
Opt Ret-Undec*	\$0.00	\$0.00
Dep Chek Net NP	\$1,151.67	\$16,570.30
* denotes a pre-tax item		

Total Earnings:	\$1,525.01	\$22,023.54
Annual Salary:	\$38,947.52	Eff Date: 10/18/2015

Total Taxes & Deductions:	\$1,525.01	\$22,023.54

### DIRECT DEPOSIT DETAIL

Financial Institution	Description	Account Number	Amount
HERITAGE TRUST FCU	Dep Chek Net NP	****4511	\$1,151.67

NOTICE MUSC Health employees, trainees, students, visiting students contract staff, members of the medical staff, temporary workers, and medical residents must comply with the annual Influenza Flu vaccination policy by December 15, 2015. Non compliant personnel will be placed on leave without pay and subject to disciplinary action. View more information on this policy, including where and when to get your flu vaccine  
<https://www.musc.edu/medcenter/influenza/flu.htm> DECEMBER STANDARD OF THE

## Medical University Hospital Authority

**ORTH, AARON JUSTIN**    **Deposit#: 53570638**  
**309 EAGLE RIDGE**    **Pay Date: 01/06/2016**  
**DRIVE**  
**SUMMERVILLE, SC**    **Disbursal Seq: RET**  
**29485**    **9736**  
**Emp Id: 900705355**    **Period End: 12/26/2015**  
                                  **Period Begin:**  
                                  **12/13/2015**  
                                  **Federal W4: S/1**  
                                  **State W4: S/1**

### LEAVE BALANCE HOURS AS OF 01/06/2016

Description	Accrued	Available
PTO:	6.37	35.71
ESL:	2.21	17.68
SML:		0.00

### EARNINGS

Description	Hours	Current	YTD
Regular Earning	71.75	\$1,492.78	\$1,492.78
Day Weekend	36.50	\$83.95	\$83.95

### TAXES & DEDUCTIONS

Description	Current	YTD
Federal	\$182.33	\$182.33
FICA/OASDI	\$97.76	\$97.76
FICA/MEDICARE	\$22.86	\$22.86
State	\$85.64	\$85.64
Dep Chek Net NP	\$1,188.14	\$1,188.14
* denotes a pre-tax item		

Total Earnings:	\$1,576.73	\$1,576.73
Annual Salary:	\$38,947.52	Eff Date: 10/18/2015

Total Taxes & Deductions:	\$1,576.73	\$1,576.73

### DIRECT DEPOSIT DETAIL

Financial Institution	Description	Account Number	Amount
HERITAGE TRUST FCU	Dep Chek Net NP	****4511	\$1,188.14

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<http://mcintranet.musc.edu/hr/payroll/index.htm>



# Medical University Hospital Authority

ORTH, AARON JUSTIN Deposit#: 53577694  
 309 EAGLE RIDGE  
 DRIVE  
 SUMMERVILLE, SC  
 29485  
 Emp Id: 900705355  
 Pay Date: 01/20/2016  
 Disbursal Seq: RET  
 9736  
 Period End: 01/09/2016  
 Period Begin:  
 12/27/2015  
 Federal W4: S/1  
 State W4: S/1

## LEAVE BALANCE HOURS AS OF 01/20/2016

Description	Accrued	Available
PTO:	6.37	30.08
ESL:	2.21	19.89
SML:		0.00

## EARNINGS

Description	Hours	Current	YTD
Regular Earning	60.25	\$1,253.52	\$2,746.30
Day Weekend	12.25	\$28.18	\$112.13
Paid Time Off	12.00	\$249.66	\$249.66

Total Earnings:	\$1,531.36	\$3,108.09
Annual Salary:	\$38,947.52	Eff Date: 10/18/2015

## TAXES & DEDUCTIONS

Description	Current	YTD
Federal	\$175.52	\$357.85
FICA/OASDI	\$94.94	\$192.70
FICA/MEDICARE	\$22.21	\$45.07
State	\$82.46	\$168.10
Dep Chek Net NP	\$1,156.23	\$2,344.37
* denotes a pre-tax item		
Total Taxes & Deductions:	\$1,531.36	\$3,108.09

## DIRECT DEPOSIT DETAIL

Financial Institution	Description	Account Number	Amount
HERITAGE TRUST FCU	Dep Chek Net NP	****4511	\$1,156.23

## Medical University Hospital Authority

**ORTH, AARON JUSTIN**    **Deposit#: 53584769**  
**309 EAGLE RIDGE**    **Pay Date: 02/03/2016**  
**DRIVE**  
**SUMMERVILLE, SC**    **Disbursal Seq: RET**  
**29485**    **9736**  
**Emp Id: 900705355**    **Period End: 01/23/2016**  
                                  **Period Begin:**  
                                  **01/10/2016**  
                                  **Federal W4: S/1**  
                                  **State W4: S/1**

### LEAVE BALANCE HOURS AS OF 02/03/2016

Description	Accrued	Available
PTO:	6.37	24.45
ESL:	2.21	22.10
SML:		0.00

### EARNINGS

Description	Hours	Current	YTD
Regular Earning	61.25	\$1,274.33	\$4,020.63
Day Weekend	12.00	\$27.60	\$139.73
Holiday Shift Df	13.00	\$65.00	\$65.00
Paid Time Off	12.00	\$249.66	\$499.32

Total Earnings:	\$1,616.59	\$4,724.68
Annual Salary:	\$38,947.52	Eff Date: 10/18/2015

### TAXES & DEDUCTIONS

Description	Current	YTD
Federal	\$188.31	\$546.16
FICA/OASDI	\$100.23	\$292.93
FICA/MEDICARE	\$23.44	\$68.51
State	\$88.43	\$256.53
Dep Chek Net NP	\$1,216.18	\$3,560.55
* denotes a pre-tax item		

Total Taxes & Deductions:	\$1,616.59	\$4,724.68

### DIRECT DEPOSIT DETAIL

Financial Institution	Description	Account Number	Amount
HERITAGE TRUST FCU	Dep Chek Net NP	****4511	\$1,216.18

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## Medical University Hospital Authority

**ORTH, AARON JUSTIN**    **Deposit#: 53591893**  
**309 EAGLE RIDGE**    **Pay Date: 02/17/2016**  
**DRIVE**  
**SUMMERVILLE, SC**    **Disbursal Seq: RET**  
**29485**    **9736**  
**Emp Id: 900705355**    **Period End: 02/06/2016**  
                                  **Period Begin:**  
                                  **01/24/2016**  
                                  **Federal W4: S/1**  
                                  **State W4: S/1**

### LEAVE BALANCE HOURS AS OF 02/17/2016

Description	Accrued	Available
PTO:	6.37	30.57
ESL:	2.21	24.31
SML:		0.00

### EARNINGS

Description	Hours	Current	YTD
Regular Earning	71.75	\$1,492.78	\$5,513.41
Day Weekend			\$139.73
Eve Weekend	8.00	\$30.40	\$30.40
Evening	16.00	\$36.80	\$36.80
Holiday Shift Df			\$65.00
Night	32.00	\$88.00	\$88.00
Night Weekend	15.75	\$83.48	\$83.48
Paid Time Off	0.25	\$5.20	\$504.52

### TAXES & DEDUCTIONS

Description	Current	YTD
Federal	\$210.94	\$757.10
FICA/OASDI	\$107.67	\$400.60
FICA/MEDICARE	\$25.18	\$93.69
State	\$96.84	\$353.37
Dep Chek Net NP	\$1,296.03	\$4,856.58
* denotes a pre-tax item		

Total Earnings:	\$1,736.66	\$6,461.34
Annual Salary:	\$38,947.52	Eff Date: 10/18/2015

Total Taxes & Deductions:	\$1,736.66	\$6,461.34

### DIRECT DEPOSIT DETAIL

Financial Institution	Description	Account Number	Amount
HERITAGE TRUST FCU	Dep Chek Net NP	****4511	\$1,296.03

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## Medical University Hospital Authority

**ORTH, AARON JUSTIN**    **Deposit#: 53599020**  
**309 EAGLE RIDGE**    **Pay Date: 03/02/2016**  
**DRIVE**  
**SUMMERVILLE, SC**    **Disbursal Seq: RET**  
**29485**    **9736**  
**Emp Id: 900705355**    **Period End: 02/20/2016**  
                                  **Period Begin:**  
                                  **02/07/2016**  
                                  **Federal W4: S/1**  
                                  **State W4: S/1**

### LEAVE BALANCE HOURS AS OF 03/02/2016

Description	Accrued	Available
PTO:	6.37	36.69
ESL:	2.21	26.52
SML:		0.00

### EARNINGS

Description	Hours	Current	YTD
Regular Earning	72.00	\$1,497.98	\$7,011.39
Day Weekend			\$139.73
Eve Weekend	12.00	\$45.60	\$76.00
Evening	12.00	\$27.60	\$64.40
Holiday Shift Df			\$65.00
Night	24.25	\$66.69	\$154.69
Night Weekend	23.75	\$125.88	\$209.36
Paid Time Off	0.25	\$5.20	\$509.72

### TAXES & DEDUCTIONS

Description	Current	YTD
Federal	\$219.02	\$976.12
FICA/OASDI	\$109.68	\$510.28
FICA/MEDICARE	\$25.65	\$119.34
State	\$99.10	\$452.47
Dep Chek Net NP	\$1,315.50	\$6,172.08
* denotes a pre-tax item		

Total Earnings:	\$1,768.95	\$8,230.29
Annual Salary:	\$38,947.52	Eff Date: 10/18/2015

Total Taxes & Deductions:	\$1,768.95	\$8,230.29

### DIRECT DEPOSIT DETAIL

Financial Institution	Description	Account Number	Amount
HERITAGE TRUST FCU	Dep Chek Net NP	****4511	\$1,315.50

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# Medical University Hospital Authority

ORTH, AARON JUSTIN    Deposit#: 53606175  
 309 EAGLE RIDGE    Pay Date: 03/16/2016  
 DRIVE  
 SUMMERVILLE, SC    Disbursal Seq: RET  
 29485    9736  
 Emp Id: 900705355    Period End: 03/05/2016  
                                  Period Begin:  
                                  02/21/2016  
                                  Federal W4: S/1  
                                  State W4: S/1

## LEAVE BALANCE HOURS AS OF 03/16/2016

Description	Accrued	Available
PTO:	6.37	43.06
ESL:	2.21	28.73
SML:		0.00

## EARNINGS

Description	Hours	Current	YTD
Regular Earning	72.50	\$1,508.38	\$8,519.77
Day Weekend			\$139.73
Eve Weekend	8.25	\$31.35	\$107.35
Evening	16.00	\$36.80	\$101.20
Holiday Shft Df			\$65.00
Night	32.50	\$89.38	\$244.07
Night Weekend	15.75	\$83.48	\$292.84
Paid Time Off			\$509.72

## TAXES & DEDUCTIONS

Description	Current	YTD
Federal	\$214.13	\$1,190.25
FICA/OASDI	\$108.46	\$618.74
FICA/MEDICARE	\$25.37	\$144.71
State	\$97.73	\$550.20
Dep Chek Net NP	\$1,303.70	\$7,475.78
* denotes a pre-tax item		

Total Earnings:	\$1,749.39	\$9,979.68
Annual Salary:	\$38,947.52	Eff Date: 10/18/2015

Total Taxes & Deductions:	\$1,749.39	\$9,979.68

## DIRECT DEPOSIT DETAIL

Financial Institution	Description	Account Number	Amount
HERITAGE TRUST FCU	Dep Chek Net NP	****4511	\$1,303.70

MARCH STANDARD OF THE MONTH Be on time and ready for work and meetings. VISIT OUR PAYROLL WEBSITE AT: <http://mcintranet.musc.edu/hr/payroll/index.htm>

## Medical University Hospital Authority

**ORTH, AARON JUSTIN**    **Deposit#: 53613360**  
**309 EAGLE RIDGE**    **Pay Date: 03/30/2016**  
**DRIVE**  
**SUMMERVILLE, SC**    **Disbursal Seq: RET**  
**29485**    **9736**  
**Emp Id: 900705355**    **Period End: 03/19/2016**  
                                  **Period Begin:**  
                                  **03/06/2016**  
                                  **Federal W4: S/1**  
                                  **State W4: S/1**

### LEAVE BALANCE HOURS AS OF 03/30/2016

Description	Accrued	Available
PTO:	6.37	49.43
ESL:	2.21	13.94
SML:		0.00

### EARNINGS

Description	Hours	Current	YTD
Regular Earning	55.00	\$1,144.29	\$9,664.06
Day Weekend			\$139.73
ESL	17.00	\$353.69	\$353.69
Eve Weekend	12.00	\$45.60	\$152.95
Evening	11.00	\$25.30	\$126.50
Holiday Shft Df			\$65.00
Night	8.00	\$22.00	\$266.07
Night Weekend	24.00	\$127.20	\$420.04
Paid Time Off			\$509.72

### TAXES & DEDUCTIONS

Description	Current	YTD
Federal	\$206.30	\$1,396.55
FICA/OASDI	\$106.52	\$725.26
FICA/MEDICARE	\$24.91	\$169.62
State	\$95.53	\$645.73
Dep Chk Net NP	\$1,284.82	\$8,760.60
* denotes a pre-tax item		

Total Earnings:	\$1,718.08	\$11,697.76
Annual Salary:	\$38,947.52	Eff Date: 10/18/2015
Total Taxes & Deductions:	\$1,718.08	\$11,697.76

### DIRECT DEPOSIT DETAIL

Financial Institution	Description	Account Number	Amount
HERITAGE TRUST FCU	Dep Chk Net NP	****4511	\$1,284.82

**MARCH STANDARD OF THE MONTH** Be on time and ready for work and meetings. VISIT  
**OUR PAYROLL WEBSITE AT:** <http://mcintranet.musc.edu/hr/payroll/index.htm>

7/26

STATEMENT EFFECTIVE DATE MAR 23, 2016	NEW PAY DUE AS OF APR 01, 2016	SSN *****4432
PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES		DFAS-CL POINTS OF CONTACT
SSG AARON J ORTH USAF RET 309 EAGLE RIDGE ROAD SUMMERVILLE SC 29485-8498		DEFENSE FINANCE AND ACCOUNTING SERVICE US MILITARY RETIREMENT PAY PO BOX 7130 LONDON KY 40742-7130  COMMERCIAL (216) 522-5955 TOLL FREE 1-800-321-1080 TOLL FREE FAX 1-800-469-6559  myPay <a href="https://myPay.dfas.mil">https://myPay.dfas.mil</a>

[illegible]

DIRECT DEPOSIT	TAXABLE INCOME:	2,924.73
	FEDERAL INCOME TAX WITHHELD:	.00
	STATE TAX WITHHELD FOR SOUTH CAROLINA	240.00

FEDERAL WITHHOLDING STATUS:	MARRIED	STATE CODE:	SC
TOTAL EXEMPTIONS:	03	STATE INCOME TAX WITHHELD:	80.00

**NO SBP ELECTION IS REFLECTED ON YOUR ACCOUNT.**

**RETIRED SERVICEMAN FAMILY PROTECTION PLAN (RSFPP) COVERAGE**

RSFPP COVERAGE	ANNUITY PAYABLE	RSFPP COST
----------------	-----------------	------------

**ALLOTMENTS AND BONDS**

ALLOTMENT TYPE	PAYEE	AMOUNT	BOND FACE VALUE	SERIES	DEDUCTION
INSURANCE	TRICARE PRIME - SOUTH	38.33			
INSURANCE	DELTA DENTAL OF CA	108.98			

**TAX LEVY DEDUCTIONS**

DATE OF LEVY	MONTHLY AMOUNT	BALANCE
--------------	----------------	---------

**GARNISHMENT DEDUCTIONS**

PAYEE	GARNISHMENT AMOUNT	COMPLETION DATE
-------	--------------------	-----------------

**FORMER SPOUSE PROTECTION ACT DEDUCTIONS**

PAYEE	AMOUNT
-------	--------

**MISCELLANEOUS DEBTS**

DEBT TYPE	MONTHLY DEDUCTION	PRINCIPAL AMOUNT	INTEREST AMOUNT	ACCUMULATED INTEREST	DEBT BALANCE
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**ARREARS OF PAY BENEFICIARY INFORMATION**

THE FOLLOWING BENEFICIARIES ARE ON RECORD:

NAME	SHARE	RELATIONSHIP
ORTH BRANDI N	100.00	WIFE

**MESSAGE SECTION**

THIS IS YOUR MONTHLY RETIREE ACCOUNT STATEMENT. IT SUMMARIZES THE STATE OF YOUR ACCOUNT AS OF THE DATE SHOWN. PLEASE REVIEW YOUR ADDRESS, BANKING, BENEFICIARY, PAY AND ALLOTMENT INFORMATION REGULARLY. FOR MORE INFORMATION ABOUT RETIRED PAY GO TO <http://www.dfas.mil/dfas/retiredmilitary.htm>



Fill in this information to identify your case:

Debtor 1 Aaron Justin Orth

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 16-01695  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,250.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 25.00

4d. Homeowner's association or condominium dues

4d. \$ 20.83

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Aaron Justin Orth**

Case number (if known) **16-01695**

6. <b>Utilities:</b>								
6a. Electricity, heat, natural gas	6a. \$	<b>189.00</b>						
6b. Water, sewer, garbage collection	6b. \$	<b>89.00</b>						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>185.00</b>						
6d. Other. Specify: _____	6d. \$	<b>0.00</b>						
7. <b>Food and housekeeping supplies</b>	7. \$	<b>300.00</b>						
8. <b>Childcare and children's education costs</b>	8. \$	<b>0.00</b>						
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$	<b>75.00</b>						
10. <b>Personal care products and services</b>	10. \$	<b>75.00</b>						
11. <b>Medical and dental expenses</b>	11. \$	<b>50.00</b>						
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>225.00</b>						
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>75.00</b>						
14. <b>Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>						
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	<b>75.00</b>						
15b. Health insurance	15b. \$	<b>0.00</b>						
15c. Vehicle insurance	15c. \$	<b>125.00</b>						
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>						
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>AUTO PROPERTY TAXES</b>								
	16. \$	<b>25.00</b>						
17. <b>Installment or lease payments:</b>								
17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>						
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>						
17c. Other. Specify: _____	17c. \$	<b>0.00</b>						
17d. Other. Specify: _____	17d. \$	<b>0.00</b>						
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>								
	18. \$	<b>0.00</b>						
19. <b>Other payments you make to support others who do not live with you.</b>								
Specify: _____	19. \$	<b>0.00</b>						
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>								
20a. Mortgages on other property	20a. \$	<b>0.00</b>						
20b. Real estate taxes	20b. \$	<b>0.00</b>						
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>						
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>						
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>						
21. <b>Other:</b> Specify: _____	21. +\$	<b>0.00</b>						
22. <b>Calculate your monthly expenses</b>								
22a. Add lines 4 through 21.	<div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td><b>2,783.83</b></td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td><b>2,783.83</b></td> </tr> </table> </div>		\$	<b>2,783.83</b>	\$		\$	<b>2,783.83</b>
\$			<b>2,783.83</b>					
\$								
\$	<b>2,783.83</b>							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
23. <b>Calculate your monthly net income.</b>								
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<b>4,659.22</b>						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>2,783.83</b>						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .								
	23c. \$	<b>1,875.39</b>						
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?								
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes.								
<div style="border: 1px solid black; padding: 5px;"> <p>Explain here: <b>DEBTOR IS PRESENTLY WORKING ON A LOAN MODIFICATION. DEBTORS MORTGAGE PAYMENT ABOVE REFLECTS DEBTORS REGULAR MORTGAGE PAYMENT, DEBTORS MORTGAGE PAYMENT WILL EITHER BE REDUCED OR REMAIN THE SAME.</b></p> </div>								

**Fill in this information to identify your case:**

Debtor 1 Aaron Justin Orth  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 16-01695  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Aaron Justin Orth  
Aaron Justin Orth  
Signature of Debtor 1

Date April 7, 2016

X \_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 **Aaron Justin Orth**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **16-01695**  
(if known)

☐ Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☐ Married  
☒ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1 Prior Address:**

**Dates Debtor 1 lived there**

**Debtor 2 Prior Address:**

**Dates Debtor 2 lived there**

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

**From January 1 of current year until the date you filed for bankruptcy:**

**Debtor 1**

**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions and exclusions)

☒ Wages, commissions, bonuses, tips

☐ Operating a business

**\$11,697.76**

**Debtor 2**

**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions and exclusions)

☐ Wages, commissions, bonuses, tips

☐ Operating a business

Debtor 1 **Aaron Justin Orth**Case number (if known) **16-01695**

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
<b>For last calendar year: (January 1 to December 31, 2015 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	<b>\$22,023.54</b>	
<b>For the calendar year before that: (January 1 to December 31, 2014 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	<b>\$0.00</b>	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Sources of income Describe below.
	Gross income from each source (before deductions and exclusions)	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<b>VA BENEFITS/RETIREME NT</b>	<b>\$13,608.00</b>
<b>For last calendar year: (January 1 to December 31, 2015 )</b>	<b>VA BENEFITS/RETIREME NT</b>	<b>\$40,824.00</b>
<b>For the calendar year before that: (January 1 to December 31, 2014 )</b>	<b>VA BENEFITS/RETIREME NT</b>	<b>\$40,000.00</b>

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Debtor 1 **Aaron Justin Orth****Creditor's Name and Address****Dates of payment****Total amount  
paid****Amount you  
still owe****Was this payment for ...****7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

☒ No☐ Yes. List all payments to an insider.**Insider's Name and Address****Dates of payment****Total amount  
paid****Amount you  
still owe****Reason for this payment****8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

*Include payments on debts guaranteed or cosigned by an insider.*

☒ No☐ Yes. List all payments to an insider**Insider's Name and Address****Dates of payment****Total amount  
paid****Amount you  
still owe****Reason for this payment  
Include creditor's name****Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

*List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.*

☐ No☒ Yes. Fill in the details.**Case title  
Case number****Nature of the case****Court or agency****Status of the case****WELLS FARGO V AARON J ORTH  
2014-CP-18-0570****FORECLOSURE****DORCHESTER COUNTY  
201 JOHNSTON STREET  
Saint George, SC 29477**☒ Pending☐ On appeal☐ Concluded**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

*Check all that apply and fill in the details below.*

☒ No. Go to line 11.☐ Yes. Fill in the information below.**Creditor Name and Address****Describe the Property****Date****Value of the  
property****Explain what happened****11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**☒ No☐ Yes. Fill in the details.**Creditor Name and Address****Describe the action the creditor took****Date action was  
taken****Amount****12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**☒ No☐ Yes

Debtor 1 **Aaron Justin Orth**Case number (if known) **16-01695****Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Dates you contributed

Value

Charity's Name

Address (Number, Street, City, State and ZIP Code)

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.Person Who Was Paid  
Address  
Email or website address  
Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Moss & Associates Attorneys, P.A.  
2170 Ashley Phosphate Road  
First Citizens Building, Ste 405  
North Charleston, SC 29406ATTORNEYS FEES: \$500.00  
FILING FEE: \$310.00

APRIL 2016

\$810.00

ABACUS CREDIT COUNSELING  
1576 VENTURE BLVD.  
SUITE 700  
Encino, CA 91436

CREDIT COUNSELING: \$25.00

MARCH 2016

\$25.00

Moss & Associates Attorneys, P.A.  
2170 Ashley Phosphate Road  
First Citizens Building, Ste 405  
North Charleston, SC 29406ATTORNEYS FEES: \$800.00  
FILING FEE: \$310.00

DECEMBER 2014

\$800.00

MONEYSHARP CREDIT COUNSELING  
1916 N FAIRFIELD AVENUE, STE 200  
Chicago, IL 60647

CREDIT COUNSELING: \$7.96

DECEMBER 2014

\$7.96

Debtor 1 Aaron Justin Orth

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

- ☐ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	--	---	----------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No  
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☐ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	---------------------------

**Part 8:** List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No  
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	------------------------------------	----------------------------------	---	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No  
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	---	-----------------------	--------------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No  
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	--------------------------



Debtor 1 **Aaron Justin Orth**Case number (if known) **16-01695****Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No  
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☐ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 Aaron Justin Orth

Case number (if known) 16-01695

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name

Address

(Number, Street, City, State and ZIP Code)

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Aaron Justin Orth

Aaron Justin Orth

Signature of Debtor 1

\_\_\_\_\_  
Signature of Debtor 2

Date April 7, 2016

\_\_\_\_\_  
Date

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).